

**OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018
CHICAGO, ILLINOIS 60602-1375
(312) 603-5370

THIS PURCHASE ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, SHIPPING PAPERS AND
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO
75430

Inlander Brothers Co Inc
7701 S Claremont Ave
Chicago IL 60620

DATE
5/6/2013
F.O.B. POINT

PURCHASE ORDER NO.
185211 - 000- OP
REQUISITION NO.
00108770 OR

COOK COUNTY FEIN: 36-6006541
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Juvenile Temp.Detent.Ctr - Receiving RM
Juvenile Detention Complex and Court
1100 S. Hamilton Avenue
CHICAGO IL 60612-4284

DELIVERY INSTRUCTIONS

Carol Woods
6762

312-433-

DEPT NO

4400638

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LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	FOAM PLATES 3 COMPARTMENT ER'S MISCELLANEOUS ITEMS	600.00 CA	13.3700	8,022.00	4400638.530040
2.00	SPORKS, WHT, MED 1000 CS ER'S MISCELLANEOUS ITEMS	216.00 CA	6.3000	1,360.80	4400638.530040
3.00	FOAM HINGED CARRYOUT 3 COMP ER'S MISCELLANEOUS ITEMS	360.00 CA	15.9900	5,756.40	4400638.530040
4.00	FOAM CUPS 10OZ ER'S MISCELLANEOUS ITEMS	120.00 CA	19.8800	2,385.60	4400638.530040
***** Total Order *****				17,524.80	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)

I hereby certify that I have received the goods/services reflected above and that the
items referenced are in full conformity with the purchase order/contract.

Authorized Signature: _____

Date: _____

I hereby certify that this purchase is in agreement with the requisition
on file authorizing the expenditure and is properly approved.

PURCHASING AGENT

Date: _____

Shirley G. M. 06 May 2013
EKL